

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title ::

COMPOUNDS AND METHODS FOR
TREATMENT AND DIAGNOSIS OF
CHLAMYDIAL INFECTION

Attorney Docket Number::

210121.515D1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Ajay
Middle Name::
Family Name:: Bhatia
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 6709 34th Place S.
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98118

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: Probst
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
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City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98117

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Erika
Middle Name:: Jean
Family Name:: Stromberg
Name Suffix::

City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 440 NE 73rd St., #201
City of mailing address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98103

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/841,260	04/23/01
09/841,260	An application claiming the benefit under 35 USC 119(e)	60/198,853	04/21/00
09/841,260	An application claiming the benefit under 35 USC 119(e)	60/219,752	07/20/00

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Corixa Corporation
Street of mailing address::	1124 Columbia Street, Suite 200
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104